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ABSTRACT

This article describes the results of a study on interagency collaboration required to make major systemic changes in order to address the needs of emotionally and behaviorally disturbed youth. Interviews were conducted with practitioners from a cross-section of agencies that worked with high-risk gang youth. The intent was to examine both the interpersonal and structural factors that either promoted or impeded the collaborative process. Of the factors contributing to successful collaboration, communication and cooperation were frequently cited as critical elements. Five interactional patterns were cited as contributing to negative collaboration, such as diffusion of responsibility, blaming other agencies for the failures of youth, withholding information between agencies, agencies "covering up" mistakes made in assessment or treatment, and prematurely terminating collaborative arrangements. "Agency fear" was proposed as a primary construct responsible for collaborative behaviors that influence both the coordination of treatment programs and the clinical behaviors of practitioners. (LC)

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Interagency Collaboration with High-Risk Gang Youth

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Introduction

This article describes the results of a theory-generating, qualitative study on interagency collaboration. Semi-structured interviews with agency practitioners and observations of a juvenile parole board meeting were used to examine the process of case-level collaboration between state and private agencies serving high-risk gang youth. The study took place in a state engaged in a consent decree, which required the state's Child and Adolescent Mental Health Division of the Department of Health and the Department of Education to make major systemic changes in order to address the needs of emotionally and behaviorally disturbed youth. This study attempted to illustrate how line staff from various agencies adapted their collaborative behaviors to the systemic change efforts of the state.

Method

This study utilized a grounded theory methodology (Glaser & Strauss, 1967; Strauss & Corbin, 1990) to examine the question, "What is the process of interagency collaboration between line staff within a highly differentiated and complex system of care for high-risk gang youth?" This question was intended to elucidate practitioners' perceptions, attitudes, and behaviors regarding interagency collaboration with a difficult-to-serve population. It was also intended to illustrate how system change and development impacts the views of direct practitioners within a system of care for gang youth.

Procedure

Eight semi-structured interviews were conducted with practitioners working with high-risk gang youth. A varied cross-section of agencies were selected in order to enhance the generalizability of the findings (see Table 1). Practitioners responsible for intake and assessment, discharge planning, aftercare, and case management of the youth were selected.

In addition, two observations of a parole board meeting in a juvenile prison were conducted. These meetings consisted of state-level practitioners and private providers, and were intended to create a discharge treatment plan for some of the most aggressive, delinquent youth in the state.

The interview guide was based on theoretical literature on collaboration, practice experience of the author, and from a study of physician and social worker collaboration (Mizrahi & Abramson, 1994), which also utilized a grounded theory methodology. The intent of the guide was to examine both the interpersonal and structural factors that either promoted or impeded the collaborative process.

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Note: More information about this study will soon be available: Okamoto, S. K. (in press). Interagency collaboration with high-riskgang youth. *Child and Adolescent Social Work Journal.*

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Data Analysis

Interviews and fieldnotes were tape-recorded, transcribed and analyzed using a qualitative research computer program (QSR NUD.IST, 1996).

Findings

Elements of Successful Collaboration

Of the factors contributing to successful collaboration, communication and cooperation were frequently cited as critical elements. Respondents felt that communication was important to prevent duplication of services and to better understand the presenting problems of high-risk adolescents. As an example of the latter, one respondent stated:

> *I think sharing information is real important. We sometimes see different sides of [the kids] than the schools will see, or other agencies will see. [But], we also don't see what they're doing out there in the community, either. You know, we see them here, and maybe they behave real well for us, but they're raising hell at school or something. So, that sharing of information is real important.*

Elements of Negative Collaboration

Although communication and cooperation were cited as critical elements in a positive collaborative experience, oftentimes communication and cooperation were absent or replaced by negative interactional patterns. Respondents cited five different patterns: diffusion of responsibility, or "passing the buck," blaming other agencies for the failures of youth, withholding information between agencies, agencies "covering up" mistakes made in assessment or treatment, and prematurely terminating collaborative arrangements. Respondents provided many examples of these behaviors. "Passing the buck" occurred when agencies refused to take responsibility for difficult, multi-problem youth. Blaming occurred when staff from one agency accused another agency of inappropriate treatment, which in turn caused the youth to "act out." Agencies withholding information from other agencies and "covering up" mistakes made in assessment or treatment were evident during program transitions. These behaviors may have occurred in order to move high-risk, difficult adolescents out of an agency, and therefore away from agency liability. Additionally, several respondents cited premature termination of collaborative arrangements, sometimes due to lack of progress in the case, but more often due to concerns of physical safety and disruption of the service environment (in the case of residential treatment).

Agency Fear. Despite the overall consensus that communication and cooperation were imperative to the success of the process, why were these negative collaborative behaviors occurring? Agency fear was proposed as a primary construct responsible for these collaborative behaviors. The term "agency fear" was coined by one of the informants in this study, and is broadly defined as the fear that agency administrators and practitioners have of committing resources to high-risk gang youth. This fear was illustrated in different ways. One respondent alluded to her own fear, stating that she wanted to serve a youth but was unable to, for fear of negative ramifications from other staff and community members.

Table 1
Characteristics of Sampled Agencies

Agency	Type	Service Provided	Method	Number Completed
A	Private	Prevention	Interview	1
B	Private	Prevention	Interview	1
C	Private	Case management	Interview	1
D	State	Case management	Interview	2
E	Private	Counseling	Interview	1
F	Private	Residential Treatment	Interview	1
G	Private	Residential Treatment	Interview	1
H	State	Incarceration	Observation	2

> *…there is no place else for him to go and I can't take him back. He's just crossed the line one too many times here…And, I want to take him back, [but] my staff would lynch me if I took him back (nervous laugh).*

Another practitioner pointed to a fear of other agencies, stating that there is "fear from a lot of administrations, program directors, [and] supervisors" that stems from the unstable, unpredictable nature of the high-risk gang youth population. In general, practitioners identified fears related to physical safety, financial liability, or stability of the service environment.

Implications

This study suggests agency fear is a neglected, mid-level construct influencing both the coordination of treatment programs and the clinical behaviors of practitioners. Addressing this fear concomitant with system reform and clinical training may result in better outcomes for practitioners and for high-risk gang youth.

References

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